

The First Tee of Atlanta VOLUNTEER APPLICATION

Date: _____

Name: _____ D.O.B. _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____ May we call you at work? __ Yes __ No

Current Job Responsibilities and Hours:

Previous Work Experience:

Golf Skill and Experience:

Other Special Skills, Training, and Hobbies:

Community Affiliations (Clubs, Churches, Service Organizations, etc.)

Previous Volunteer Experience with Children:

How will your volunteer work affect your family and work responsibilities?

Which of the following programs (day/time) fits your schedule?

Youth Program Hours:

Tuesday 4:30-6:00 PM _____ Wednesday 4:30-6:00 PM _____ Thursday 4:30-6:00 PM _____

Friday 4:30-6:00 PM _____ Saturdays 9:30-11:00 AM _____ Saturdays 11:30 AM -1:00 PM _____

Saturdays 1:30 – 3:00 PM _____ Saturdays 3:30-5:30 PM _____

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Other Availability (Please Specify): _____

How often are you able to volunteer (once a week, month, etc.)? _____

Do you have?

- Your own transportation? ___ Yes ___ No
- Liability insurance? ___ Yes ___ No
- A valid driver's license? ___ Yes ___ No

Why do you want to serve as a volunteer for The First Tee of Atlanta?

What qualities do you feel you have that would enable you to help another person to develop life skills?

Have you ever been exposed to an incident of child abuse or neglect?

___ Yes ___ No

If so, what are your feelings about the incident?

Are you willing to participate in The First Tee training programs?

Please circle your work interest(s) in The First Tee of Atlanta.

Youth Program: Teaching Golf Skills Teaching Life Skills Administrative Assistance

Junior Golf Events

Fundraising Events

Special Events

Golf Course: Marshall Starter Range Picker Pro Shop Assistant

Please list three professional and/or personal references (not including relatives) with complete addresses and phone numbers below. References will remain confidential.

Name/Relationship

Phone

1. _____

Address _____

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Name/Relationship _____ Phone _____
2. _____
Address _____

Name/Relationship _____ Phone _____
3. _____
Address _____

Investigation Consent Agreement

I hereby authorize any organization affiliated with The First Tee of Atlanta to investigate my background as necessary for the consideration of my application.

I further authorize all persons, schools, companies, organizations, credit bureaus, and law enforcement agencies to supply all information concerning my background and to furnish reports thereon and I hereby release them and any organization affiliated with The First Tee of Atlanta from any and all liability and responsibility arising from their doing so.

I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.

Applicant's Full Name _____ Applicant's Signature _____
Date _____

Waiver and Abandonment of Rights

For and in consideration of the Acceptance of my voluntary service, I hereby waive any and all claims for myself and my heirs against all officers, directors, and/or other officials of The First Tee of Atlanta and the City of Atlanta, for any injury and illness which may result directly or indirectly from my participation in sponsored non-profit activities.

I further state that I am in proper physical condition to participate in the events so directed.

Additionally, I give my permission for the use of my name and/or picture in any report, publication, or other account of the event(s).

This waiver is executed with my express intent and is based upon full knowledge of all material facts.

Applicant's Full Name _____ Applicant's Signature _____
Date _____

**The First Tee of Atlanta
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**The First Tee of Atlanta
Volunteer Conduct Agreement**

I will honor The First Tee of Atlanta's Core Values during all interactions with Participants and Staff.

I will never use corporal punishment, or any other form of abuse as a means of discipline.

I will never be in a one-on-one situation with a First Tee of Atlanta child.

I understand that any act of molestation will be subject to civil or criminal prosecution.

I will report any activity or behavior that does not adhere to the Core Values to the Executive Director immediately.

I will not use profane language in the presence of participants or staff.

I will not use any form of abuse or intimidation, physically, or verbally toward a participant or staff member.

I will not use alcohol or tobacco products during program hours.

I will be on-time and in appropriate attire for any The First Tee of Atlanta program I am scheduled for.

I will not use a golf cart without the permission of course staff.

The staff of The First Tee of Atlanta and John A. White Golf Course is committed to child safety as well as the safety of all patrons and visitors. Please help us by obeying all rules and regulations.

I understand and agree to the above and understand that a violation of this agreement will result in a review of my involvement with The First Tee of Atlanta.

Applicant's Full Name _____ Applicant's Signature _____
Date _____